

2016 MUNICIPAL CONSOLIDATION & SHARED SERVICES GRANTS



Project Title:					
Lead Applicant:					
Street Address:					
City:		State:		Zip:	
Contact Person:		Contact Title:			
Contact's Phone:		Contact's Fax:			
Contact's Email:					
Project Type:	Implementation		Evaluation		
Category:	<div style="text-align: center; padding: 10px;"> Dissolution of a Layer of Government Consolidation of Services Shared Services Regional Delivery of Services Other Efficiency Improvements Municipal Consolidation Planning and/or Implementation </div>				
# of Co-Applicants		Priority (if submitting more than one application, please note 1, 2, 3 etc.)			
Funding Requested:					
Projected Savings:					

SUBMISSION CERTIFICATION: I hereby certify that all the information stated herein is true and accurate; I have read and understand the program guidelines; and I am authorized to submit this application on behalf of the municipality.
Check for Certification:

A. Program Overview - Provide a brief and specific overview of the project, as well as a description of how the project will increase efficiency and/or eliminate redundant activities (1,500 character limit).

B. Equipment Purchases - If your project requires the purchase of equipment, please provide the following (1,500 character limit):

- a. Information on current/past usage of equipment. If work was conducted by outside vendors please detail the number of times they were contracted and costs for those services by year.
- b. Detail the expected usage by each municipality involved.
- c. If the equipment is to be shared between municipalities, how will maintenance and scheduling (sharing) of the equipment be coordinated?

C. Program Evaluation Describe how you will measure the outcomes of the program and its successfulness

Outcome Statement	Target/Measure *	Instruments/Tools
List benefits to be achieved through the project, i.e. cost savings, redundant services/equipment eliminated.	What are the expected savings or reductions that should be achieved through the project?	Who will collect data and how will it be collected?

**If this column is not completed, program will not be considered for funding.*

D. Timeline - Please detail the timeline/work plan which you will use to institute the program.

[illegible]

E. Public Participation - Provide a brief and specific description of the public participation process for the implementation of the project (750 character limit).

F. Budget

Could your project move forward with partial funding?

Yes

No

Will this funding be used as a match to another funding source?

Yes

No

If so, what source?

How much?

If unsuccessful, will you be able to receive funding from this other source?

Yes

No

	Total Project Cost	Local Share	Funding Request	Narrative
Salary/Wages				
Fringe Benefits				
Contractual/Consulting Services				
Equipment Purchase				
Travel				
Supplies				
Other Expenses*				
TOTAL				

*Includes: Staff Training, Insurance, Occupancy, Dues, Client Costs, Printing.

G. Co-applicants

1. Contact Person:

Contact Title:

Contact Affiliation:

Contact's Phone Number:

Contact's Email Address:

2. Contact Person:

Contact Title:

Contact Affiliation:

Contact's Phone Number:

Contact's Email Address:

3. Contact Person:

Contact Title:

Contact Affiliation:

Contact's Phone Number:

Contact's Email Address:

4. Contact Person:

Contact Title:

Contact Affiliation:

Contact's Phone Number:

Contact's Email Address:

(Add additional sheets as necessary.)